



# Membership organization application

organization name \_\_\_\_\_

organization address \_\_\_\_\_

city, state, zip \_\_\_\_\_

email \_\_\_\_\_

phone \_\_\_\_\_

designated voter \_\_\_\_\_

**signature** \_\_\_\_\_

please contact me via  email  mail  phone

  \$100   membership                      make checks payable to:  
           add'l donation                      Access Humboldt  
           total                                      PO Box 157  
    Eureka, CA 95502

## why join?

- access to Community Media Center - TV studio & more!
- local media production, archiving & distribution services
- support free speech, community media & local voices
- support lifelong teaching & learning
- support real time civic participation
- media workshops with special discounts
- shared use of field production & post-production facilities
- advocacy for community media & broadband access
- eligible to vote & serve on AH Board or Committees

www.accesshumboldt.net  
707.476.1798  
707.476.1702 (fax)  
info@accesshumboldt.net

turn over

Organizations must have a **designated voter** and may have up to four additional individuals who are eligible for membership benefits

**1** name \_\_\_\_\_

address \_\_\_\_\_

email \_\_\_\_\_

phone \_\_\_\_\_

**2** name \_\_\_\_\_

address \_\_\_\_\_

email \_\_\_\_\_

phone \_\_\_\_\_

**3** name \_\_\_\_\_

address \_\_\_\_\_

email \_\_\_\_\_

phone \_\_\_\_\_

**4** name \_\_\_\_\_

address \_\_\_\_\_

email \_\_\_\_\_

phone \_\_\_\_\_

**5** name \_\_\_\_\_

address \_\_\_\_\_

email \_\_\_\_\_

phone \_\_\_\_\_